

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ATF

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0248
Date:	9-9-20
Amount Paid:	\$420 7-14-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: JEFFREY & MELINDA FARMING				Mailing Address: 322 BAK RUN				City/State/Zip: HUDSON, WI 54016				Telephone: 612-419 8091			
Address of Property: 41380 WHITE BASS LAKE RD				City/State/Zip: CABLE, WI 54821								Cell Phone:			
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) KARL KASTROSKY				Agent Phone: 715-580-0157				Agent Mailing Address (include City/State/Zip): CABLE, WI 54821 14295 MCNAUGHT RD				Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 24113		Recorded Document: (Showing Ownership) 2019R 578117					
1/4, 1/4		Gov't Lot 6		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 25, Township 43 N, Range 5 W				Town of: Hudson				Lot Size				Acreage 2.40			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 70 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 70 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$70,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Bunkhouse w/ <input checked="" type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(15 X 31)	465
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (explain) CABLE w/ BUNKHOUSE	(24 X 32)	768
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Karl Kastrosky
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 14295 MCNAUGHT RD CABLE WI 54821

Date
Date 6/25/2020

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements			Description	Setback Measurements	
Setback from the Centerline of Platted Road	217	Feet		Setback from the Lake (ordinary high-water mark)	117	Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	446	Feet				
Setback from the South Lot Line	117	Feet		Setback from Wetland <i>WATER FILLED</i>	51	Feet
Setback from the West Lot Line	73	Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Setback from the East Lot Line	20	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	17	Feet		Setback to Well	41	Feet
Setback to Drain Field	31	Feet				
Setback to Privy (Portable, Composting)		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

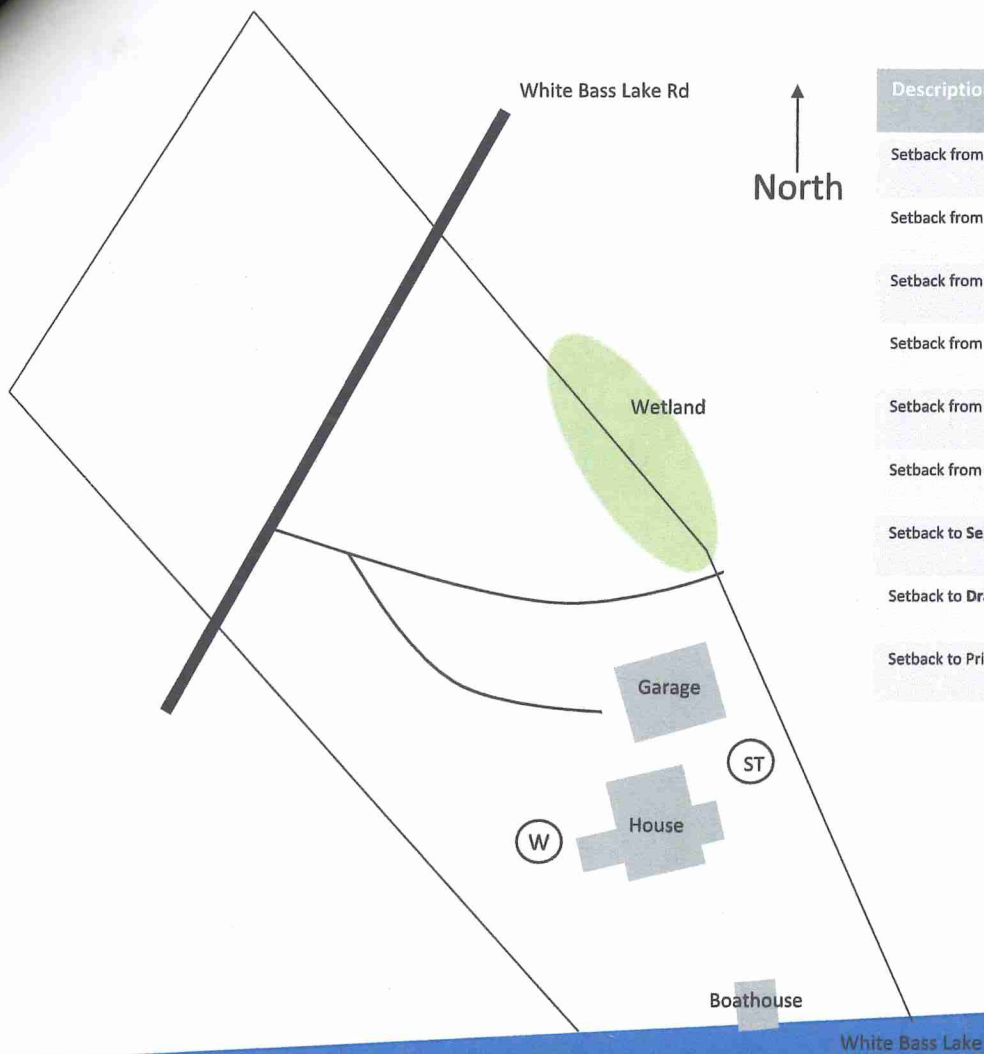
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: **ALL** Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 19-1185	# of bedrooms: 3	Sanitary Date: 9/9/19
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0248		Permit Date: 9-9-20		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> No	
Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	
Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record:		Zoning District (R-1)		
		Lakes Classification (2)		
Date of Inspection: 9/4/20	Inspected by: <i>[Signature]</i>	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Bunk house + Garage - No food prep and no sink outside bathroom				
Build as proposed - Get required UOC inspections for a Bunk House				
Signature of Inspector: <i>[Signature]</i>				Date of Approval: 9/4/20
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



Description	Setback - Feet	Description	Setback - Feet
Setback from the Centerline of Platted Road	217'	Setback from the Lake (ordinary high-water mark)	117'
Setback from the Established Right of Way	30' - 35'	Setback from the River, Stream, Creek	
Setback from the North lot line	446'	Setback from the Bank or Bluff	
Setback from the South lot line	117'	20% Slope Area on Property	
Setback from the West lot line	73'	Setback from Wetland	40'
Setback from the East lot line	20'	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	17'	Setback to Well	41'
Setback to Drain Field	31'		
Setback to Privy (Portable, Composting)			

wn, City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – **X**
SANITARY – Private Intercept #19-118S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0248** Issued To: **Jeffrey & Melinda Fanning / Karl Kastrosky, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **25** Township **43** N. Range **5** W. Town of **Namakagon**

Par in
Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [2- Story; Garage with Bunkhouse (24' x 32') = 768 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Bunkhouse and garage, no food prep and no sink outside bathroom. Build as proposed. Get required UDC inspection for bunkhouse.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

September 9, 2020

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X

SANITARY - 184105

SIGN -

SPECIAL - NA

CONDITIONAL - NA

BOA -



BAYFIELD COUNTY PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 07062001-2020

Tax ID: 24659

Issued To: LARRY PULKRABEK TRUSTEE

Location: PAR IN GOVT LOT 4 IN DOC
2019R 577962 (LOTS 1 & 2 CSM V.2
P.17) 428B (LARRY PULKRABEK REV
TRUST DTD 09/03/2015)

Section 13

Township 43 N.

Range 06 W.

NAMAKAGON

Govt Lot 0

Lot

Block

Subdivision:

CSM# NA

For: Residential / Deck / 35.6L x 43W x 9H

Condition(s): Must contact local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit if required by Statute or Contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Rob Schierman

Authorized Issuing Official

Fri Sep 11 2020

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - None
SIGN -
SPECIAL - NA
CONDITIONAL - NA
BOA -



**BAYFIELD COUNTY
PERMIT**

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 08282001-2020

Tax ID: 36418

Issued To: LEON M & ROBIN L DOTY

Location: LOT 1 CSM #1787 IN V.10
P.287 (LOCATED IN GOVT LOT 6 AS LOTS
1 - 12 BLOCK 2 PLAT OF NAMAKAGON)
IN DOC 2020R- 581867

Section 07

Township 43 N.

Range 05 W.

NAMAKAGON

Govt Lot 0

Lot

Block

Subdivision: NAMAKAGON CSM# 1787
PLAT (VILLAGE)

For: Residential / Detached Garage / 48L x 30W x 10H

Condition(s): Not to be used for human habitation or sleeping purposes. No water under pressure or plumbing fixtures unless said structure is permitted to be connected to a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Rob Schierman

Authorized Issuing Official

Fri Sep 11 2020

Date